

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007 8:00 am
Secretary of State

01-22-2007 90075 020 ***158.75

DOCUMENT # P02000105819

1. Entity Name
STRUCTURE STONE, INC.



Principal Place of Business
**310 16TH AVE NW
NAPLES, FL 34120**

Mailing Address
**310 16TH AVE NW
NAPLES, FL 34120**

400000100



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01162007 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number
11-3656046

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PUENTE, JAHAZIEL
310 16TH AVE NW
NAPLES, FL 34120**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution: ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **DP**
STREET ADDRESS **PUENTE, JAHAZIEL**
CITY-ST-ZIP **310 16TH AVE NW
NAPLES, FL 34120**

TITLE ☐ Delete
NAME **DV**
STREET ADDRESS **PUENTE, GUILLERMO**
CITY-ST-ZIP **310 16TH AVE NW
NAPLES, FL 34120**

TITLE ☒ Delete
NAME **DV**
STREET ADDRESS **INGLESE, PAUL A**
CITY-ST-ZIP **14538 INDIGO LAKES CR.
NAPLES, FL 34119**

TITLE ☒ Delete
NAME **DV**
STREET ADDRESS **CASTRO, JOSE A**
CITY-ST-ZIP **3680 16TH AVE NE
NAPLES, FL 34120**

TITLE ☒ Delete
NAME **DV**
STREET ADDRESS **GUADALUPE, RUBEN D**
CITY-ST-ZIP **3201 ORANGE GROVE TRAIL
NAPLES, FL 34120**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

Sebastian P. Duro
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/07
Date

239-253-8930
Daytime Phone #